

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2010
NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1411	<p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually. The findings include: Interview with the Administrator and record review on August 28, 2010 at 3:15 p.m. confirmed the facility failed to perform a bomb threat drill annually.</p>	N1411	<p>N-1411</p> <p>There will be a random annual Bomb Threat drill exercised before 11/18/10. In the future, there will be a Bomb Threat drill exercised annually to include the following disaster preparedness plans: Bomb Threat Procedures Plan. This corrective action will place this facility in compliance with regulation "1200-8-6-.14(2) (a) 5. (iii) Disaster Preparedness"</p>	12-12-10	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Jodie James, NHA

TITLE

Administrator

(X6) DATE

11-11-10

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If continuation sheet 1 of 1